

# Proposed 2005-07 Policy Initiative

<b>Name of Initiative</b>	Health Impacts of the Built Environment
<b>Sponsor</b>	Environmental Health Committee (Proposed)
<b>Lead Staff</b>	Ned Therien, Tara Wolff
<b>Other Committees</b>	Children's Health and Well-Being Committee
<b>Summary</b>	Sponsor one or more statewide conferences and regional "listening sessions" to focus attention on the relationship between public health and community design.
<b>SHR Strategic Direction</b>	<input type="checkbox"/> Maintain and improve the public health system <input type="checkbox"/> Ensure fair access to critical health services <input type="checkbox"/> Improve health outcomes and increase value <input checked="" type="checkbox"/> Explore ways to reduce health disparities <input checked="" type="checkbox"/> Improve nutrition and increase physical activity <input type="checkbox"/> Reduce tobacco use <input checked="" type="checkbox"/> Safeguard environments that sustain human health
<b>Governor's Initiatives</b>	<input type="checkbox"/> Cost Containment <input type="checkbox"/> Cover all Kids by 2010 <input checked="" type="checkbox"/> Healthiest State in the Nation
<b>Possible Partners</b>	Washington State Department of Health Washington State Department of Transportation Washington State Department of Social and Health Services Washington State Department of Ecology Washington State Department of Community, Trade, and Economic Development University of Washington, School of Public Health & Community Medicine Washington State University, Spokane, Interdisciplinary Design Institute Washington Chapter of the American Planning Association Washington State Environmental Health Association
<b>Criteria</b>	<input checked="" type="checkbox"/> Does the issue involve multiple agencies? <input checked="" type="checkbox"/> Can a measurable difference be made? <input checked="" type="checkbox"/> Prevalence, Severity and availability of interventions <input checked="" type="checkbox"/> Level of public input/demand <input checked="" type="checkbox"/> Does it involve the entire state? <input checked="" type="checkbox"/> Does the Board have statutory authority? <input checked="" type="checkbox"/> Do the resources exist to deal with the issue? <input checked="" type="checkbox"/> Does the Board have a potentially unique role?

## **Problem Statement**

In the last few years, the body of research demonstrating the link between the built environment and health has grown. Researchers are finding that there are a number of health issues (such as obesity, asthma, and diabetes) that are related to the built environment. The built environment encompasses the buildings and spaces created by or modified by people. For example: buildings (housing, schools, workplaces), land use (industrial or residential), public resources (parks, museums), zoning, and transportation systems are all part of the built environment. The growing evidence of the link between health and the built environment is attracting the attention of professionals from multiple disciplines (such as public health, city planners, and architects).

There are a number of forces affecting our state and nation that have made exploration of the relationship between the built environment and health especially timely. These include:

- Aging of America.
- Obesity epidemic.
- Increasing energy costs.
- Increased sprawl – sprawl has been associated with reduced physical activity levels, increased rates of obesity, greater prevalence of hypertension, higher numbers of traffic accidents, lower air quality, and increased water contamination (water run off).
- Increased reliance on cars – even though almost 30 percent of the United States population doesn't drive because they are not old enough, they are too old, they have a disability, or they can't afford a car. As a result, this segment of the population may feel marginalized.
- Increased economic stratification in the United States which has resulted in higher concentration of populations with low social economic status living in neighborhoods that have unhealthy built environments (for example, in big cities in where African Americans are disproportionately living in dilapidated neighborhoods with high lead levels in peeling paint and dust.)

Everyone's health is affected by the built environment. For instance, seniors who no longer drive may become socially isolated and have difficulty accessing critical goods and services; and residents of disadvantaged neighborhoods may have more exposure to pollutants and environmental allergens which can increase asthma rates. This is not just an urban issue. The health of people living in rural areas is affected too (such as rural Americans are not able to easily incorporate walking into their daily exercise due to a lack of sidewalks and the need to commute long distances for necessities).

To create and support healthy environments, we will need a lot of skills which are already part of the arsenal of the typical public health professional, such as interdisciplinary collaborations, epidemiologic data analysis, public advocacy and policy making, training and education, community mobilization, and social marketing campaigns. We will also need the skills of land use planners and architects who understand zoning rules, transportation options, land use decisions, and building design.

Interest in strategies and partnerships that can promote a healthy built environment is expanding across the country as evidenced by three conferences held in the past two years. In Texas "Designing for Health" gathered leading experts to examine the components of healthy work and living spaces. In North Carolina "Health and the Built Environment: The Effects of Where We Live, Work, and Play" was an important part of the "26<sup>th</sup> Annual Minority Health Conference." It provided an opportunity to look at the extent to which the built environment contributes to health disparities. In Washington, DC "Obesity and the Built Environment" provided a forum to discuss and illustrate how different elements of the built environment contribute to obesity via access to food and physical activity.

## **Potential Strategies**

The Board is uniquely positioned to encourage representatives from diverse disciplines to work together to explore and learn about inter-relationships, strengthen and develop partnerships, and perhaps begin to create a common vision for Washington State about the built environment. This could be accomplished by organizing one or more conferences around the state exploring different issues linked to the built environment and health. The most efficient way to get the issues discussed in a conference is to work with interested organizations to use existing venues.

“Listening sessions” could also be set up across the state. These could be modeled on the White House Council on Aging Committee’s town hall listening sessions with pre-defined questions that leaders with relevant expertise are asked to address. Rather than ask leaders to travel to a central point, listening sessions are scheduled close to home and represent the views of experts in a geographic area. Issues affecting diverse populations across the state could be explored in this manner (such as representatives of the Hispanic community in Yakima).

Examples of focus areas for conferences and listening sessions include:

- Physical activity, obesity, and the built environment.
- Childhood health and the built environment.
- Health and the built environment in rural settings.
- Effects of environmental health regulations on building patterns.
- Mental health and social well-being in relationship to the built environment.
- Senior health and the built environment.
- Health disparities and the built environment.
- Healthy housing.

Community policy makers, public health officials, and land use planning professionals could use the conferences and listening sessions as opportunities to think about how urban, suburban, and rural landscapes could positively contribute to healthy aging, obesity reduction and prevention, energy conservation and cost reduction, pedestrian and traffic safety, exercise as a part of a daily routine, preservation of sense of place and cultural heritage, access to healthy foods, and social connection.

Board staff has received encouragement from our partners at the Department of Health for the Board to foster interdisciplinary awareness of the built environment’s impact on health. Depending on Board interest in this proposal, there are a number of other potential partners (Department of Transportation, DSHS Mental Health and Aging and Adult Services Divisions, etc.) that can be contacted to assess their level of interest in working with the Board on this activity. Board staff could contact other built environment conference organizers to identify what was effective and lessons learned, identify potential funding mechanisms, and establish a conference planning committee. Board staff has opened discussion with two professional organizations in Washington, which have expressed enthusiasm for partnering on developing conferences to raise awareness of built environment issues: (1) the Washington State Environmental Health Association and (2) the Washington Chapter of the American Planning Association.

## **Criteria**

### **Does the issue involve multiple agencies?**

Yes: Washington State Department of Health  
Washington State Department of Transportation  
Washington State Department of Social and Health Services  
Washington State Department of Ecology  
Washington State Department of Community, Trade, and Economic Development  
University of Washington School of Public Health and Community Medicine

### **Can a measurable difference be made?**

Yes: Raising awareness of health impacts of the built environment can be measured by the number of people reached through conferences and forums. It also can be measured by the development of inter-disciplinary partnerships between community planners and public health personnel.

### **Prevalence, Severity, and availability of interventions**

Yes: The incidence of obesity and related diseases is increasing. This is at least partially the result of community planning decisions that have lead to suburban sprawl and decreased the incentives for people to walk. Many opportunities exist for the Board to partner with other organizations to raise awareness about potential health impacts from building decisions.

### **Level of public input/demand**

Yes: Many communities around the state are exploring the concepts of public health enhancement through community planning and design.

### **Does it involve the entire state?**

Yes: Aspects of the built environment affect all regions of the state.

### **Does the Board have statutory authority?**

Yes: RCW 43.20.050(1) authorizes the board to provide a forum for the development of public health policy.

### **Do the resources exist to deal with the issue?**

Yes: The resources exist in many agencies to consider public health policy in various planning activities.

### **Does the Board have a potentially unique role?**

Yes: The Board is designated in the State Constitution and by the Legislature to lead development of public health policy.